

actitioner's Docket No. 100700.0015US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of:

Dusan Miljkovic

FEB 1 9 2003

Application No.: 09/927,764

Group No.: 1623

Filed: 08/09/2001

Examiner: J. Young

TECH CENTER 1600/2900

For: Methods and Compositions from Collagen Homeostasis

Box Non-Fee Amendment Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

Applicant is a small entity. A statement was already filed. 2.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231 37 C.F.R. § 1.10* 37 C.F.R. § 1.8(a)

G with sufficient postage as first class mail.

G as "Express Mail Post Office to Addressee" Mailing Label No. EV193156062US

TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703)

Erika Simpson

Date: 2/12/03

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. 3. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

	(Col. 1)	(Co	ol. 2)	(Co	01. 3)		SMALL ENTITY				
	CLAIMS										
	REMAINING		EST NO.								
	AFTER	PREVI	OUSLY		SENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE			FEE		
TOTAL	20		20	=	0	х	\$	9.00	_=_	\$	0.00
INDEP.	_ 2		3	=	0	X	\$	42.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							ΑI	DDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE DEFICIENCY

If an additional extension and/or fee is required, charge Account No. 502191. 5.

If an additional fee for claims is required, charge Account No. 502191.

Date: 2/12/03

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